

INR or subsequent Status Report Form was completed. Thus, even if Medicaid eligibility was confirmed on one occasion and denied on another, the participant would still be considered Medicaid eligible. From this scheme, 55 percent (n=439) of CSC recipients were classified as Medicaid-eligible and the remaining 45 percent (n=357) were defined as non-Medicaid.

Comparisons between the need for service and use of service were stratified by Medicaid status and by race. The unit of analysis was the number of referrals rather than the number of children, since most participants needed more than one type of assistance. The outcome of interest was defined by the number of services met within a six month interval. The Chi-square test was used to test for differences in the proportion of referrals met among Medicaid-eligible and non-Medicaid children.

RESULTS

Table 1 shows the means for maternal age, education, and age of children among the total number of Medicaid and non-Medicaid study cases. The child's age was based upon his/her age at the first CSC report. Medicaid-eligible children were found to be, on average, five months younger than their non-Medicaid counterparts. Fifty-one percent of Medicaid-eligible children were enrolled in the CSC Program within the first three months of birth, compared to 28 percent for non-Medicaid participants. Furthermore, non-Medicaid mothers tended to be somewhat older and better educated than mothers receiving Medicaid.

Figure 1 shows the cumulative frequencies for Time 1 referrals associated with Medicaid status (all races combined). When examining differences in service needs, it is evident that the need for basic living services, such as food, housing and transportation, dominate the distribution for Medicaid-eligible families, while among non-Medicaid families, assessment services, such as speech/language, vision/hearing and multidisciplinary evaluations, represent an equally substantial need. Such group

Table 1
Average Age and Education for Mother, and
Average Age of Child Study Participants:
CSC Program, NC, Jan.-June 1992

	Medicaid	Non-Medicaid
	Mean	Mean
Mother's age	23.3 yr	24.7 yr
Mother's education	10.9 yr	11.8 yr
Child's age	8.1 mth	13.2 mth
Total cases	439	357

differences are further shown by the fact that non-Medicaid recipients (13.3%) were almost twice as likely as Medicaid recipients (7.5%) to be in need of therapeutic services. On the other hand, only slight group differences arise with respect to the need for in-home, family support, financial, or day care services.

Figure 2 shows, by Medicaid status, the proportion of Time 1 services which were later met at Time 2. For each service category, the number of referrals met within six months was less than 50 percent. Services least likely to be met at Time 2 were related to family support, in which only 6.6 percent of Medicaid-eligible and 15.1 percent of non-Medicaid families received such support. Moreover, considering the greatest service need evident at Time 1 for non-Medicaid families (i.e., assessment), 24.3 percent of these referrals were met by six months. Among Medicaid-eligible families, 37.8 percent of basic living services were met within six months.

Table 2a shows the trends noted in Figure 1 stratified by race. Reading down the columns it is possible to construct a profile of the need for specific services among respective Medicaid/race groups. For example, within the non-Medicaid group, the need for assessment services is nearly the